



OPERATING PROCEDURE

***CARDIAC EMERGENCIES CHEST PAIN,
SUSPECTED AMI or ANGINA***

Effective Date:
November 1, 1986

Revised:
October 1, 2000

Approved By:

Approved By Operational Medical Director:

BLS

1. Perform initial patient assessment and obtain pertinent medical history
2. Establish and maintain patent airway, administer OXYGEN, and provide ventilatory support as necessary
3. *If applicable, contact Medical Control, for permission to assist patient in administration of their prescribed NITROGLYCERIN (NITROSTAT), 1 tablet sublingually or NITROGLYCERIN spray metered dose. The normal dose is 1 tablet or metered dose spray every 5 minutes, not to exceed 3 tablets or sprays or until pain is relieved. Reassess vital signs regularly as hypotension may occur. Do not administer NITROGLYCERIN to the hypotensive patient.*

ALS ONLY

4. Connect patient to cardiac monitor and document rhythm strip. Refer to appropriate dysrhythmia sub-protocol as indicated.
5. Obtain 12 lead EKG as soon as possible.
6. Establish IV of 0.9% Sodium Chloride. A second IV should be started when possible and as time allows. Do not delay patient transport to obtain the additional IV access.
7. Administer up to three (3) tablets or metered dose sprays (0.4 mg) NITROGLYCERIN (NITROSTAT) sublingually if not contraindicated by hypotension. Consider medication that has already been administered by patient or BLS providers.
8. If IV access will be delayed, NITROGLYCERIN may be administered prior to obtaining IV access if each of the following conditions are met:
 - ✓ The patient has a history of CAD, or is otherwise prescribed NITROGLYCERIN

- ✓ Has a systolic blood pressure >120 mmHg
- ✓ Attempts at IV access are ongoing

CARDIAC EMERGENCIES CHEST PAIN, SUSPECTED AMI or ANGINA (6.3.08)		
Effective Date: November 1, 1986	Revised: October 1, 2000	Page <u>2</u> of <u>2</u>

9. If patient presents with MI signs and symptoms administer ASPIRIN:

- **Adult: Two (#2) 81 mg tablets PO**

10. If pain has not been controlled, administer MORPHINE SULFATE:

- **Adult: 2 mg slow IV push. Repeat every 3 to 5 minutes as needed, not to exceed 10 mg. OLMC may authorize additional doses. MORPHINE SULFATE should be titrated to patient response with careful attention to the patient's blood pressure and perfusion.**
- **Pediatric: 0.1mg/kg IV/IO/IM/SQ (Medical Control Only)**

11. If patient is allergic to MORPHINE, administer DEMEROL:

- **Adult: 25 to 50 mg slow IV/IM.**
- **If administering DEMEROL, also administer PHENERGAN 12.5 mg IV or 25 mg IM, to prevent nausea and potentiate the medication.**
- **Pediatric: 1 mg/kg IV/IM. If administering DEMEROL, also administer PHENERGAN 0.25 to 0.5 mg/kg IM to prevent nausea and potentiate the medication. (Medical Control Only)**

12. Complete the "Thrombolytic Eligibility" checklist as time allows.

MEDICAL CONTROL ONLY

13. If indicated for pain, administer NITROUS OXIDE/OXYGEN:

- **Adult: 50/50 concentration self administered via inhalation. Do not use NITROUS OXIDE if patient is hypoxic or otherwise requires high-concentration OXYGEN**

14. Administer additional MORPHINE SULFATE as directed